

QUESTIONS TO CONSIDER WHEN BUYING HEALTH INSURANCE COVERAGE:

Is the person offering you this health coverage licensed in Kentucky?

What is the name and address of the insurance company issuing the coverage?

Is this company licensed to do business in Kentucky?

Does the company have a toll-free customer service number?

Can the person offering this coverage provide you a written outline of coverage?

What are the insurance benefits, limits, and exclusions of the plan?

What are the copays, deductibles, coinsurance and other out-of-pocket expenses?

What is the overall deductible?

Are there other deductibles for specific services?

Is there an out-of-pocket limit?

Is there an overall annual limit on what the plan pays?

Does this plan use a network of providers?

Do I need a referral to see a specialist?

Are there services this plan does not cover?

Are there other costs to apply or enroll in this coverage?

How does the premium compare to the cost for insurance from other insurers for similar coverage?

Questions to ask yourself about “What this Plan Covers & What it Costs”

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exemptions
		In-network Provider	Out-of-network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness			
	Specialist visit			
	Other practitioner office visit			
	Preventive care/screening/immunization			
If you have a test	Diagnostic test (x-ray, blood work)			
	Imaging (CT/PET scans, MRIs)			
If you need drugs to treat your illness or condition	Generic drugs			
	Preferred brand drugs			
	Non-preferred brand drugs			
	Specialty drugs			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)			
	Physician/surgeon fees			
If you need immediate medical attention	Emergency room services			
	Emergency medical transportation			
	Urgent care			

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exemptions
		In-network Provider	Out-of-network Provider	
If you have a hospital stay	Facility fee (e.g., hospital room)			
	Physician/surgeon fee			
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services			
	Mental/Behavioral health inpatient services			
	Substance use disorder outpatient services			
	Substance use disorder inpatient services			
If you are pregnant	Prenatal and postnatal care			
	Delivery and all inpatient services			
If you need help recovering or have other special health needs	Home health care			
	Rehabilitation services			
	Habilitation services			
	Skilled nursing care			
	Durable medical equipment			
	Hospice service			
If your child needs dental or eye care	Eye exam			
	Glasses			
	Dental check-up			